



MEDICAL BOARD OF CALIFORNIA

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www.caldocinfo.ca.gov



HEALTH FACILITY/PEER REVIEW REPORTING FORM (Required by Section 805 of the California Business & Professions Code)

NOTE: Certain actions, with respect to staff privileges, membership or employment of physicians and podiatrists must be reported to the Medical Board of California when they are imposed or voluntarily accepted for a medical disciplinary cause or reason. Reports on osteopathic physicians, dentists and psychologists should be directed to their respective Boards. Please see the reverse/second page of this form for further information.

****PLEASE PRINT OR TYPE****

REPORTING ENTITY

Please check type of Reporting Entity: <input type="checkbox"/> Health Care Facility or Clinic - §805(a)(1)(A) <input type="checkbox"/> Health Care Service Plan - §805(a)(1)(B) <input type="checkbox"/> Professional Society - §805(a)(1)(C) <input type="checkbox"/> Medical Group or Employer - §805(a)(1)(D)			
Name		Telephone #:	
Chief Executive Officer/Medical Director/Administrator		Chief of Medical Staff	
Name of person preparing report:		Telephone #	
street address	city	state	zip code

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Name (Last)	(First)	License #
		Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/>

ACTION TAKEN

Date(s) of Action(s) and Duration (attached additional sheets if necessary)	
Type(s) of Action(s) - Check all that apply.	CHECK HERE IF THIS IS A SUPPLEMENTAL REPORT <input type="checkbox"/>
(a) For a medical disciplinary cause or reason: <input type="checkbox"/> Denial/rejection of application for staff privileges <input type="checkbox"/> Termination or revocation of staff privileges <input type="checkbox"/> Denial/rejection of application for membership <input type="checkbox"/> Termination or revocation of membership <input type="checkbox"/> Termination or revocation of employment	
(b) For a cumulative total of 30 days or more for any 12 month period, and for a medical disciplinary cause or reason: <input type="checkbox"/> Restriction(s) imposed on staff privileges <input type="checkbox"/> Restriction(s) voluntarily accepted on staff privileges <input type="checkbox"/> Restriction(s) imposed on membership <input type="checkbox"/> Restriction(s) voluntarily accepted on membership <input type="checkbox"/> Restriction(s) imposed on employment <input type="checkbox"/> Restriction(s) voluntarily accepted on employment	
If staff privileges were restricted, list specific restrictions imposed or voluntarily accepted:	
(c) Following notice of an impending investigation based on information indicating medical disciplinary cause or reason: <input type="checkbox"/> Licentiate resigned from staff <input type="checkbox"/>	

